

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571,661

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1	1				
10	1	1				
11	1	1				
12	1	1				
13	1	1				
14	1	1				
15	1	1				
16			1			
17			1			
18			1			
19			1			
20			1			
21			2			
22			2			
23			2			
24			2			
25			2			
26			2			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	14	↔	30	↔		
TOTAL CLAIMS	15		31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			
TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS						